Occupational hazards and health problems: perceptions of community health workers

Gomes, Mariana Farias; Lima, Amanda da Silva Rodrigues de; Feitosa, Lucas dos Santos; Netto, Valderlane Bezerra Pontes; Nascimento, Raphaela Delmondes do; Andrade, Maria Sandra

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Riscos e agravos ocupacionais: percepções dos agentes comunitários de saúde

Occupational hazards and health problems: perceptions of community health workers

Riesgos y agravios laborales: percepciones de los agentes comunitarios de salud

Mariana Farias Gomes [1], Amanda da Silva Rodrigues de Lima [2], Lucas dos Santos Feitosa [3], Valderlane Bezerra Pontes Netto [4], Raphaela Delmondes do Nascimento [5], Maria Sandra Andrade [6]

ABSTRACT

Objective: to describe the perception of community health workers about risks and injuries related to their occupational activities. **Method:** This is a qualitative research, descriptive and exploratory, developed in basic health units in Recife (PE), Brazil. The Bardin's content analysis was used for the systematization and analysis of data. **Results:** The results show that community health workers perceive their exposure to occupational risks and health problems. Direct sunlight can contribute to the emergence of health problems, which were perceived as musculoskeletal, cardiovascular, dermatological and psychological. **Conclusion:** The working conditions may pose an obstacle to the profession and deserve special attention in the adoption of health promotion measures. **Descriptors:** Community health workers, Occupational risks, Occupational diseases, Health promotion.

RESUMO

Objetivo: descrever a percepção dos agentes comunitários de saúde sobre riscos e agravos relacionados às suas atividades ocupacionais. **Método:** trata-se de pesquisa qualitativa, de caráter descritivo e exploratório, desenvolvido em unidades básicas de saúde em Recife (PE), Brasil. A análise de conteúdo de Bardin foi utilizada para a sistematização e a análise dos dados. **Resultados:** os resultados apontam que os agentes comunitários de saúde percebem sua exposição ocupacional a riscos e agravos à saúde. Essa exposição pode contribuir para o surgimento de agravos à saúde, que foram percebidos como musculoesqueléticos, cardiovasculares, dermatológicos e psicológicos. **Conclusão:** As condições de trabalho podem representar um obstáculo para o exercício da profissão e merecem atenção especial na adoção de medidas de promoção da saúde. **Descritores:** Agentes comunitários de saúde, Riscos ocupacionais, Doenças ocupacionais, Promoção da saúde.

RESUMEN

Objetivo: Describir la percepción de los trabajadores de salud de la comunidad sobre los riesgos y lesiones relacionadas con el trabajo de sus actividades. **Método:** Se trata de una investigación cualitativa, descriptivo y exploratorio, desarrollado en unidades básicas de salud en Recife (PE), Brasil. Se utilizó el análisis de contenido del Bardin para la sistematización y análisis de datos. **Resultados:** Los resultados muestran los trabajadores de salud comunitarios Que perciben su exposición a los riesgos laborales y problemas de salud. La luz solar directa puede contribuir a la aparición de problemas de salud, que se percibe el musculoesquelético, cardiovascular, dermatológico y psicológico. **Conclusión:** Las condiciones de trabajo pueden suponer un obstáculo para la profesión y merecen una atención especial en la adopción de medidas de promoción de la salud. **Descriptores:** Agentes comunitarios de salud, Riesgos laborales, Enfermedades laborales, Promoción de la salud.

1 Nurse. Resident in Public Health by the Research Centre Aggeu Magalhães, Oswaldo Cruz Foundation. Recife, PE, Brasil
2 Nurse. Residentin Nephrology by the Federal University of Pernambuco. Recife, PE, Brasil 3 Nurse. Masters' student in Nursingon the Associate's Program of post-graduate of University of Pernambuco and the State University of Paraíba. Recife, PE, Brasil 4 Nurse. Masters' student of Nursing on the Associate's Program of post-graduate of University of Pernambuco and the State University of Paraíba. Recife, PE, Brasil 5 Nurse. Masters' degree of Public Health. Teaching in Nursing College of Our Lady of Grace of Pernambuco's University (FENSG/UPE). Recife, PE, Brasil 6 Nurse. Doctorate in Public Health. Teaching in FENSG/UPE. Recife, PE, Brasil. E-mail: capsandra@uol.com.br

INTRODUCTION

The Organization of the basic attention to health in force in the unified health system (SUS) considers the family health strategy (FHS) key. Integral health assistance, through interdisciplinary, seeks to break with the hegemonic medical model and impact on the health of people and of[1]groups.

This scenario is quite favorable for the program of community health agents (ACS) become an important tool for the improvement and consolidation of the ESF[2], because the main actions of this occur through the ACS. They are the main responsible for the activities of disease prevention and health promotion through individual and collective education in the households and within the community.[2.3]

The ACS is a professional who resides in his own community and contributes to the improvement of the quality of life of people through its activities in private homes and various community spaces, as well as, in General, be responsible for the first contact with the health team.[3]

Despite the legal basis for the activities of the ACS, your job depends on where it is inserted, since the actions of the ESF, despite regulations, redefine from the realities and local needs. With this, you can't say that the ACS has stable working conditions.[3] The structural difficulties and the nature of the work of the ACS should be considered when to evaluate its impact on the health of these workers, as well as in the intervention and health protection. Among the difficulties include exposure to environmental and climatic factors, diseases/contagious, long walks in adverse situations, as well as urban violence.[4]

The National Health and Safety Policy of the worker (PNSST) and, in particular, the National Health Policy of the worker and the Worker (PNST) proposes concepts, principles and guidelines for the establishment of strategies to promote the integral attention to health of workers.[5] This legal framework can represent an opportunity for differentiated care, once the routine of the employee-related situations are crucial in the health-disease process.[6]

This study aims to describe the risks and harms of ACS in occupational Recife (PE), from the perspective of these guys.

METHOD

This is qualitative research, descriptive and exploratory, aimed to focus on the perception of the risks and occupational diseases among the ACS. The study was carried out in Recife, Pernambuco in the Sanitary District (DS) III. The city of Recife has 94 neighborhoods, divided in 6 (six) political-Administrative Regions (RPA) for the health sector, each RPA corresponds to a Sanitary District (DS). The DS III consists of 29 neighborhoods and has 37 USF.[7]

Were part of the ACS study, whose participation was the criterion binding to any DS III units for at least two years, as well as the signature of informed consent (TFCC). The UBS's were chosen randomly on the DS III. After the choice of the units was chosen for convenience an ACS per unit, and invited the ACS were present at the time of data collection. The number of subjects was defined according to the criterion of the saturation of information collected, i.e. enough was achieved when the information gathered began to repeat and be redundant.

The data were collected in the period from June to August 2013. The instrument for data collection was a semi-structured questionnaire, tested previously in pilot study, with main issues relating to the work routine. Was also investigated if the participants identify any risk to your health in the work routine and if you have had a work-related health problem. The interviews were recorded and transcribed in full.

The analysis of content of Bardin[8], in its thematic mode was used for the systematization and analysis of the data, which took into account all the text. From the regularity of the speech and the presence of units of meaning, it was possible to identify the main emerging centers of lines for the classification of elements of significance constituting the message.[8] The data were organized and sorted into categories, that is, occupational hazards identified and referred to and identified and referred to occupational diseases, and its subcategories.

The study was approved by the Research Ethics Committee of the University of Pernambuco, opinion No 163,790 under the Certificate of introduction to Ethics Assessment (CAAE) no 04886012.7.0000.5207. The subjects of the research were referred to by the acronym "ACS" and numbered from 1 to 7, according to the interviews. The survey was conducted in accordance with resolution No. 466/12, the National Health Council (CNS).[9]

RESULTS AND DISCUSSION

Participated in the 7 ACS study, 6 female and 1 male; 4 were singles and 3 married (); the age ranged between 31 and 59 years; 5 reported complete high school and 2 reported complete higher education.

The perception of the risks and occupational diseases among the ACS resulted in two categories: risks and damages related to the work process and consequences to the health of the worker.

The characteristics of the location on work perceived by the ACS were: and x position the violence in municipalities in developing their activities; geographical characteristics; exposure to infectious diseases and exposure to animal attacks.

The ACS reported working in areas with a history of violence such as robbery, rape, drug trafficking and homicide. Such situations are seen by these professionals as health risks and to life itself.

It's a very dangerous area, has assault, raping. [...] *in my area, has drug user.* [...] *it's a risk to my health, a risk to my life, too.* (ACS1)

Has the street I need to warn you that I'm going to go in there, it's too dangerous, drug user. [...] *Enter to be robbed or killed I won't.* (ACS6)

Is a very dangerous area, due to the traffic [...] *once there was a murder right next to me, so* [...]? (ACS 4)

The bad sanitary conditions in certain areas also expose the ACS to unhealthy working environment, which can affect the physical and psychological integrity of the worker.

My area is a little distant, is a low area [...] *have slopes and stairs.* (ACS3)

My desktop is a very vulnerable area; it is on the river bank, right? A micro area , horrible [tears] [...] *In time of rain* [...] *I left dribbling the feces on the way, even coming to Rio, has no sewage* [...] (ACS4)

In addition to the animal health conditions, the geographical features and the external work causes the ACS if realize exposed to weather conditions in your day to day.

I think we have risk of skin cancer, because people take too much sun. (ACS3)

Everyone is exposed to the Sun, the rain, taking the risk to diseases. (ACS6)

As the activities of the ACS are closely related to their contact with the community, both in the Family health (USF) like in home visits, a strongly aspect mentioned by the ACS was the risk of transmission of infectious diseases such as leprosy and tuberculosis.

Has the risk of disease, people with leprosy, tuberculosis [...], *that you cannot identify them, but you know who they are, that exist in the area.* (ACS1)

I think the risk of disease [...]. (ACS3)

In addition, the fragile environmental surveillance exposes the animal attacks that can both hurt them as transmit diseases.

[...]*We also run the risk of animal attacks, including the Ministry was saying, then, that all health workers, postal workers, should be vaccinated against rabies, and nobody remembers that.* (ACS5)

The ACS has several peculiarities and the lines of the ACS were identified as health risks the excessive workload and the functions performed.

The schedule established in the legislation for the ACS is the journey of 40 hours per week. However, the load time is, for the most part, outdated. This occurs because of the ACS be browsed in their homes at night, on weekends and on holidays.

So, while everyone else's weekend, we don't have. Yesterday was a person in my house beating, were 10:30 at night [...]. *We supposedly have 08h00min* working [...]. (ACS2)

[...]*If I don't put my foot down firmly until Saturday and Sunday I work* [...]. (ACS1)

Most ACS reported being charged to perform other activities, such as administrative functions, reception, nursing, among others. Functions for which they do not consider themselves qualified. Another questioned refers to insufficient to carry out the activities.

I don't agree with how the ACS are being placed in administrative functions, reception, responsibility of nursing, [...] *The us has not been able* [...]. (ACS2)

I see a lot that has no limit of our functions, all we can do. [...] *and it's all for yesterday.* (ACS5)

On the drive, we stay like that, to support [...] *then we do, sometimes, to cover hole.* (ACS3)

Another point related to these assignments quite reported for all ACS was deployed from the host National Program for improving access and quality of primary health care (PMAQ) the USFs.

According to the participants, the host's proposal as organizational directive increased its responsibility. The assignment of getting users on the drive and/or guide them generates discomfort and anxiety to the ACS.

This host I don't approve of. [...] *because you have to stay at a reception marking query, is neither by mark, is because you have to ask the patient what is the problem that he has* [...] *I don't feel right about this* [...] *. I must make, because of PMAQ.* (ACS1)

Another issue considered by the ACS are the charges by the community that their homes are visited, causing the SCW feel overloaded.

Have too many families, because the collection is very large, because you, if I have 204 families, I can't. If I do 100 families in the month, the next month I'll cover the other side I didn't [...] *then it generates a lot of collection of community.* (ACS1)

In addition to the overload of work all ACS report inadequate and/or insufficient materials for the development of its mission, these deficiencies are related both to materials for development activities, as well as for his personal protection.

We don't have Uniform, badge I never got those 16 years. (ACS6)

We step on dirty waters, without any protection, because we do not receive [...] *shoes, pants, and shirt, everything* [...]. (ACS5)

The lack of identification with the badge and the uniform becomes a barrier to the ACS, because often the community knows who they are and not let come into their homes or to talk with them.

Have people newbie's come here, live here, and then, are: who is? Then I keep saying: no, we are agents of health. [...] *to get the link and the confidence to let us in on their house.* (ACS5)

And in a way that brings the risk is the fact that we don't have an ID. I don't have a badge. (ACS2)

For some ACS, in addition to the lack of materials for completion of work and for their personal protection, frequently they are not properly; causing the ACS does not use them.

And what we received last year was a boots [...] *in addition to the weight* [...] *she was number 40, and I'm 34.* (ACS6).

The only sunscreen I use is solar, that I buy with my money [...]. (ACS6)

The harms related to work reported by ACS were: complaints in the system musculoskeletal; cardiovascular changes and complaints psychological and allergic skin.

I have problem in my knee, and I came to after working as ACS. I did physical therapy for a while [...]. (ACS3)

[...]*I had so much pain, so much so that now I've stopped carrying condoms, soros, hypochlorite* [...]. *Do not use or leave more bags, because I can't stand it. "(*ACS4)

The intense journey and the characteristics of the work of the ACS were referred to as cause of aggravation of cardiovascular symptoms and hypertension. The difficulty for exercise their functions under the limitations caused by health problems.

I have varicose veins and gone to vascular and his advice was to leave my job. And I'll support me as? [...] *and I have high blood pressure, the slopes are difficult for me.* (ACS6)

The dermatological aggravations such as pediculosis, scabies, skin blemishes by too much sun, were highlighted by the ACS. According to the subjects of research, these diseases are related to its exposure to water and contaminated soils in the rainy season, for not having availability of adequate protection.

Have animal feces, flooding, lots of water, this stuff and you step. Including my walk [...] *my fingers are all inflamed.* (ACS5)

So, the people standing, as I've got a time a germ in the fingers. (ACS7)

The psychological damages were observed in all the interviews, all ACS have stressed, they felt overworked and reported lack of institutional support.

I was very upset, because I demanded things and wasn't up to me [tears] *There, I got to do psychological* [...] (ACS4)

[...] *but I know that there are many people you know have ACS depression by the work.* (ACS3)

In this context, the psychic overload generated by work interferes with both the health of such workers as in the way you act, think, feel and do.

Oh and when I'm very anxious and stressed, because of work, my skin is all blown off, skinned [...]. (ACS4)

The discomfort and anguish of ACS on the need to deal with people's problems were also highlighted in this study.

As I have already said, is the charge that we come from the person's house and we stay with mental deficits, problems to try to dissolve it. [...] *out the depression with you*

out in some houses. But they are houses that you go out and are mulling it over several days. (ACS2)

The establishment of the link with the families visited assumes a greater involvement of these workers with the users, which leaves them more vulnerable mental overloads which may also have an impact on physical symptoms.

Study participants sit down and posts the risks and harms related to your work process with consequences for your health mental and physical. The difficulties reported by ACS may reflect weaknesses in the joint community and the need for empowerment of the same individual, organizational levels and[10]political.

Fits reflect that empowerment cannot be provided to persons or groups, the same is in process. In this sense, professionals and the community can assist in creating spaces that promote ruptures and changes[11]. In this sense, the process of empowerment of the ACS demand the development of self-confidence and self-esteem and the ability to analyze critically the social environment and political and so individual and collective resources to social and political action can transform reality.[10.11]

The performance of the ACS is not restricted, the ACS must also act in the role to stimulate and organize the claims of the community. In this sense, its leading role. Popular participation and social control should be part of their everyday actions and must also be exercised in formal spaces by means of participation in the councils and Health conferences. In this context, the ACS can act both in the resolution of social problems and as in community health improvement claims their working conditions.[12]

Notes that the social and political action requires not only a commitment on the part of the community, health professionals and managers, but also the articulation and contribution of other sectors of society with the capacity to offer an adequate response to the needs of the community and the health care professionals.[12]

Aspects such as experienced situations of violence that occur in the context of interpersonal relationships and dynamics guided by urban life it is common in the territories where the ESF and, thus, health professionals are experiencing this reality. In a study on the social representation of domestic violence against women the ACS express negative aspects concerning the offender and violent act. The term "sadness" was identified in the lines of these professionals as a feeling often faced with situations of violence.[13]

One must understand the violence not only by fatality data, but also by addressing expressions, robberies, assaults, threats, beatings and murders.[4.14] In this sense, the violence becomes a problem which affects the individual and collective health, the creation of specific public policies[14], in addition to the Organization of services geared to prevention.

In the case of the ACS, this situation becomes peculiar, since your work process occurs in the external environment. Efforts are required so that this worker and other professionals may exercise their activity with less exposure to urban violence. However, the labor legislation, even addresses the issue of urban violence so much shy.[5]

Another factor considered by the ACS as risks to health were the geographical features of the[5] desktop. Most of the micro areas feature hills, stairs, or lack of basic sanitation, risk of accidents.[15] The geographic environment related risks s differs, depending on the location

where the ACS is inserted. This reinforces the need for a careful planning according to local realities. It is important that, from the given problem on the desktop, articulate intervention mechanisms involving the sectors of workers ' health, the municipal departments of health and environment departments.[15]

The occupational exposure to biological material was also considered as a risk to health of ACS and effectively this exposure represents a consistent risk to health workers. The consequences of this exposure may directly affect workers, striking them in their physical and psychological aspects, and can affect family and social relations.[16] Soon these professionals should beyond scheduled vaccination health worker, perform the rabies pre-exposure vaccination and serological control journal. Other actions in conjunction with the environmental surveillance centers can minimize the risks of animal attack, in particular, the wandering animals and improve safety in this regard.[17]

The gaps with regard to the attributions of the ACS laid down in national politics of basic attention, reflected in the perception of ACS about the risks and harm your health related to your working process. The national primary health care Policy provides that it is the duty of all members of the primary health care team performs other actions and activities to be defined in accordance with local priorities. That way, it opens up a range of possibilities and tasks. Sometimes, the ACS is asked to carry out additional activities or even take other assignments,[12.18 7] employees.

This overload takes the ACS exposure to ergonomic hazards and situations in which shows big load of distress. That can have an impact on occupational health, productivity, in the performance of their duties and wear with[15] users.

A related activity assignments which was reported by all the ACS as a factor that generates discomfort and anxiety was the host deployed from the National Program for improving access and quality of primary health care the USFs. The PMAQ was created to enable the expansion of access to and improving the quality of basic care in all Brazil, with guarantee of a national quality standard[19]. The ACS respondents in this study do not agree with the participation at the reception, however, this function was defined in the National Policy of the basic attention in 2011.[12]

SCW should cover in your micro area maximum 750 people. However, it is not always this limit is respected; in this study, it was found that a large part of the ACS covered a number higher than that recommended in your micro area, which generates workload.[12] On the other hand the ACS referred to the lack of recognition by the members of the community and the difficulties in interpersonal relationships, factors already pointed how stress generators for the ACS.[20]

The Recife Municipal Health Plan, among other things, aimed at the adequacy of the number of families by ACS in difficult to reach areas, ensuring that they meet a maximum of 500 people in their micro area assigned[7]. This strategy was created under the adversity of access, with the aim of improving the quality of assistance provided by the ACS.

Inadequate working conditions, in particular those related to the environment and work equipment were identified with "physical workloads" for ACS.[20] In addition, the lack of support on the team[21], the fast-paced, and work in shifts, extended journey, rigid control of

productivity, anxiety and other conflict situations[22] can cause dissatisfaction and emotional distress.

The distress is a further constantly reported in studies involving occupational health workers. These deal with stressful situations, such as: human suffering, death, and the social problems of users, among others. The occupational activity and the physical and/or psychological stress have long established relations.[22]

The syndrome of Burnout in development or compatible with the same characteristics, were identified among the ACS. The triggering factors, to the authors, would be related to frustration due to the ineffectiveness of the resolution of the problems at work and the involvement of ACS with its[23] community.

In the case of ACS, these situations are potentiated, once the object of his care, the family usually consists of known people and its social conviviality. The ACS is not, however, an element of communication between servers and users.[20] In fact, is the representative of a class of relatively new health workers to who is delegated the execution of a series of functions. Such situations can generate exposure to chronic stressors in the workplace.[24]

The work is the identity of workers; however, it is important to reflect on the consequences for the physical and mental health, since it may produce as much pleasure as the suffering.[25] The ACS experience and realize various physical and mental situations that can cause significant impact on their physical and mental health.

CONCLUSION

It was noted the existence of risks and occupational hazards to which the ACS are exposed. The daily exposure to risks significantly contributes to the emergence of diseases of health. It should be noted that both the risks as the harms are obstacles to these workers exercising their profession effectively.

The characteristics of the work of the ACS reinforce the need for the adoption of measures to promote the health to provide improvements in your routine and in your work environment, aiming at minimizing the risks and harms arising from their working conditions.

REFERENCES

1. Scherer MDA, Morino SRA, Ramos FRS. Rupturas e resoluções no modelo de atenção à saúde: reflexões sobre a estratégia saúde da família com base nas categorias kuhnianas. Interface comum. Saúde educ. 2005; 9(16): 53-66.

2. Costa SM, Araújo FF, Martins LV, Nobre LLR, Araújo FM, Rodrigues CAQ. Agente comunitário de saúde: elemento nuclear das ações em saúde. Ciênc. saúde coletiva. [Internet] 2013 [acesso em 03 mai 2015]; 18(7). Disponível: http://dx.doi.org/10. 1590/S1413-81232013000700030

3. Ministério da Saúde (BR). Programa Saúde da Família: ampliando a cobertura para consolidar a mudança do modelo de atenção básica. Rev. bras. saúde mater. infant. [Internet] 2003 [acesso em 03 mai 2015]; 3(1) Disponível: http://dx.doi.org/10. 1590/S1519-38292003000100013

4. Fiúza TM, Miranda AS, Ribeiro MTAM, Pequeno ML, Oliveira PRS. Violência, drogadição e processo de trabalho na Estratégia de Saúde da Família: conflitos de um grande centro urbano brasileiro. Rev. bras. med. fam. Comunidade. 2011; 6(18): 32-9.

5. Ministério da Saúde (BR). Portaria n. 1.823, de 23 de agosto de 2012: institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora. Diário Oficial da União, [Internet] 24 ago 2012 [acesso em 03 mai 2015]. Disponível: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt1823_23_08_2012.html

6. Dias MDA, Bertolini GCS, Pimenta AL. Saúde do trabalhador na atenção básica: análise a partir de uma experiência municipal. Trab. educ. saúde. 2011; 9(1): 137-48.

7. Secretaria de Saúde do Recife (PE). Plano Municipal de Saúde do Recife 2010/2013. Versão aprovada no Conselho Municipal de Saúde em 19.08.2010. [Internet] 2010. [acesso em 06 mai 2015]. Disponível: http://www.recife.pe.gov.br/noticias/arquivos/5916.pdf

8. Bardin L. Análise de conteúdo. Lisboa: Ed. 70; 2009.

9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012.

10. Kleba ME, Wendausen A. Empoderamento: Processo de fortalecimento dos sujeitos nos espaços de participação social e democratização política. Saúde Soc. 2009; 18(4):733-743.

11. WALLERSTEIN, N. What is the evidence on effectiveness of empowerment to improve health? Copenhagen: WHO Regional Office for Europe, 2006. (Health Evidence Network report). Disponível em: <http://www.euro.who.int/__data/assets/pdf_file/0010/74656/E88086.pdf>. Acesso em: 01 set 2015.

12. Ministério da Saúde (BR). Portaria n. 2.488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). [Internet] [acesso em 05 mai 2015]. Disponível: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html

13. Silva CD, Gomes VLO, Oliveira DC, Marques SC, Fonseca AD, Martins SR. Social representation of domestic violence against women among Nursing Technicians and Community Agents. Rev. esc. enferm. USP. [Internet] 2015 [acesso em 03 mai 2015]; 49(1). Disponível: http://dx.doi.org/10. 1590/S0080-623420150000100003.

14. Minayo MCS. Violência: um problema para a saúde dos brasileiros. In: Sousa ER, Minayo MCS, organizadores. Impacto da violência na saúde dos brasileiros. Brasília (DF): Ministério da Saúde; 2005. P. 9-42.

15. Abranches SS. A situação ergonômica do trabalho de enfermagem em unidade básica de saúde [tese]. Ribeirão Preto (SP): Universidade de São Paulo; 2005.

16. Silva JA, Paula VS, Almeida AJ, Villar LM. Investigação de acidentes biológicos entre profissionais de saúde. Esc Anna Nery Rev. Enferm. 2009; 13(3):508-16.

17. Veloso RD, Aerts DR, Fetzer LO, Anjos CB, Sangiovanni JC. Epidemiologic profile of human anti-rabies treatment in Porto Alegre, RS, Brazil. Ciênc. Saúde Coletiva. [Internet] 2011 [acesso em 03 mai 2015]; 16(12): 4875-84. Disponível: http://dx.doi.org/10. 1590/S1413-81232011001300036

18. Nascimento GM, David HMSL. Avaliação de riscos no trabalho dos agentes comunitários de saúde: um processo participativo. Rev. enferm. UERJ. 2008; 16(4): 550-6.

19. Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica [Internet]. Brasília (DF): Ministério da Saúde; [acesso em 05 mai 2015]. Disponível: http://dab.saude.gov.br/portaldab/ape_pmaq.php

20. Vogt MS, Beck CLC, Prestes FC, Diaz PS, Tavares JPT, Silva GM. Cargas físicas e psíquicas no trabalho de agentes comunitários de saúde. Cogitare Enferm. [Internet] 2012 [acesso em 06 mai 2015]; 17(2). Disponível: http://dx.doi.org/10.5380/ce.v17i2.23559

21. Trindade LL, Lautert L, Beck CLC, Amestoy SC, Pires DEP. Estresse e síndrome de burnout entre trabalhadores da equipe de Saúde da Família. Acta paul. enferm. 2010; 23(5): 684-89.

22. Murta SG. Programas de manejo de estresse ocupacional: uma revisão sistemática da literatura. Rev. Bras. de Ter. Comp. Cogn. 2005; 7(2): 159-77.

23. Mota C M, Dosea GS, Nunes PS. Avaliação da presença da Síndrome de Burnout em Agentes Comunitários de Saúde no município de Aracaju, Sergipe, Brasil. Ciênc. saúde coletiva. [Internet] 2014 [acesso em 06 mai 2015]; 19(12). Disponível: http://dx.doi.org/10. 1590/1413-812320141912.02512013

24. Maia LDG, Silva ND, Mendes PHC. Síndrome de burnout em agentes comunitários de saúde: aspectos de sua formação e prática. Rev. bras. saúde ocup. [Internet] 2011 [acesso em 06 mai 2015]; 36(123). Disponível: http://dx.doi.org/10. 1590/S0303-76572011000100009

25. Cremonese GR, Motta RF, Traesel ES. Implicações do trabalho na saúde mental dos Agentes Comunitários de Saúde. Cad. Psico. Soc. trab., 2013 16(2): 279-93.

Received on: 30/10/2014
Required for review: No
Approved on: 20/04/2015
Published on: 01/10/2015

Contact of the corresponding author:
Maria Sandra Andrade, Faculdade de Enfermagem Nossa Senhora das Graças da Universidade de Pernambuco, Rua Arnóbio Marques, 310, Santo Amaro, Recife, PE, Brasil. Cep:50100-130. Telefone:(81) 3183-3600, E-mail:capsandra@uol.com.br